



All Quiet on the Third Coast: Medical Inspections of Immigrants in Michigan

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During the decades that spanned the late 19th and early 20th centuries, between 2000 and 20,000 immigrants passed through Michigan ports of entry each year. Immigrant inspection along the "third coast"—in makeshift sites at Sault Ste. Marie, Detroit, and Port Huron—was in many respects uneventful and undramatic.

Newcomers certified as diseased were often held for weeks at Ellis Island on the east coast or Angel Island on the west coast, and immigrants processed along the Mexican border were subjected to aggressive disinfection procedures. Yet immigrants passed from Canada into the US through Michigan with relative ease. There are several reasons for this. First, for the most part, immigrants crossing into Michigan had already undergone quarantine inspections when the steamships that initially brought them to America had docked at cities such as Bal-

timore, Boston, and New York. As an inland port of entry buffered by these Atlantic seaboard public health controls, Michigan was unusually free of epidemics of diseases such as cholera, typhus, or plague. Second, an amicable relationship with Canada's immigration service—which allowed PHS officials to maintain stations and board trains in Winnipeg, Montreal, and Vancouver—prevented the kinds of political tensions that erupted along

George M. Kesl, who served at Port Huron for more than 20 years.

Conditions at Michigan's immigration stations, however, were far from ideal. Both the Detroit and Port Huron stations lacked basic medical equipment until the 1920s. George W. Stoner, then Chief Medical Officer at Ellis Island, was occasionally sent to investigate the status of Michigan's stations. In 1903, he asked that Detroit be provided a "place of detention, where

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the US-Mexico border during the same time period, especially following a PHS-mandated typhus quarantine in 1917.¹ Last, during an era in which Russian, southern European, Asian, and Mexican immigrants were often viewed through the lens of prejudice and suspected of being germ carriers, the immigrants who passed through Michigan's gates were principally "the more desirable northern or western European,"² in the words of Assistant Surgeon

aliens might be held for observation, long enough to determine accurate diagnosis."³ Five years later, aware that Detroit's inspector was forced to carry slides and cultures two miles to the Public Health and Marine Hospital if he wanted to use a microscope, Stoner urged the Surgeon General to better equip the Detroit station due to the growing volume of immigrants entering through the station.⁴ Assistant Surgeon Erwin Eveleth repeatedly

wrote to Washington asking for much-needed laboratory equipment; in 1921 he was finally authorized to purchase a microscope, stethoscope, slides, and other materials.⁵

Similar problems existed at the Port Huron station. In March 1906, Assistant Surgeon Albert J. Nute wrote to both his Senator and the Surgeon General to "respectfully ask that I may be transferred to some station in a warmer climate that pays a living salary, in any of the departments under your charge."⁶ Nute claimed that he was frequently on duty for more than 12 hours a day, including Sundays, and had to travel back and forth between the train depot, ferry station, and his office to inspect immigrants. In 1910, Acting Assistant Surgeon Bruno L. Schuster sent a letter to

the Surgeon General explaining that he had been unable to confirm a positive diagnosis of trachoma in a female immigrant because he had neither a microscope with which to view tissue cultures nor adequate facilities for short-term hospitalization. Instead of allocating funds for the construction of a more modern site, however, the Surgeon General suggested that Schuster figure out "some arrangements for the proper detention and observation" of immigrants and "borrow the use of some friendly physician's microscope" when bacteriological analysis was required.⁷ In the end, Schuster offered to use his own microscope as long as his station was sent a modest amount of supplies.⁸

In a 1914 report, Surgeon Louis L. Williams, who had been directed

to Port Huron from his post at Ellis Island to survey the station, wrote that "the physical facilities are poor, the officer being located in a small wooden building which has been condemned by the local health officer as unsanitary. It is poorly equipped. There is an unserviceable stethoscope and no microscope."⁹ Williams applauded Assistant Surgeon Kesl's heroic efforts to carry out his duties professionally despite the dearth of equipment, need for foreign language interpreters and a female attendant, and a subservient administrative relationship to some immigration officials. Despite these interdepartmental tensions, four



This harbor scene depicts the bustling maritime activity along Detroit's riverfront in the 1910s. PHS inspectors had to travel to several ferry docks along the Detroit River to examine immigrants.

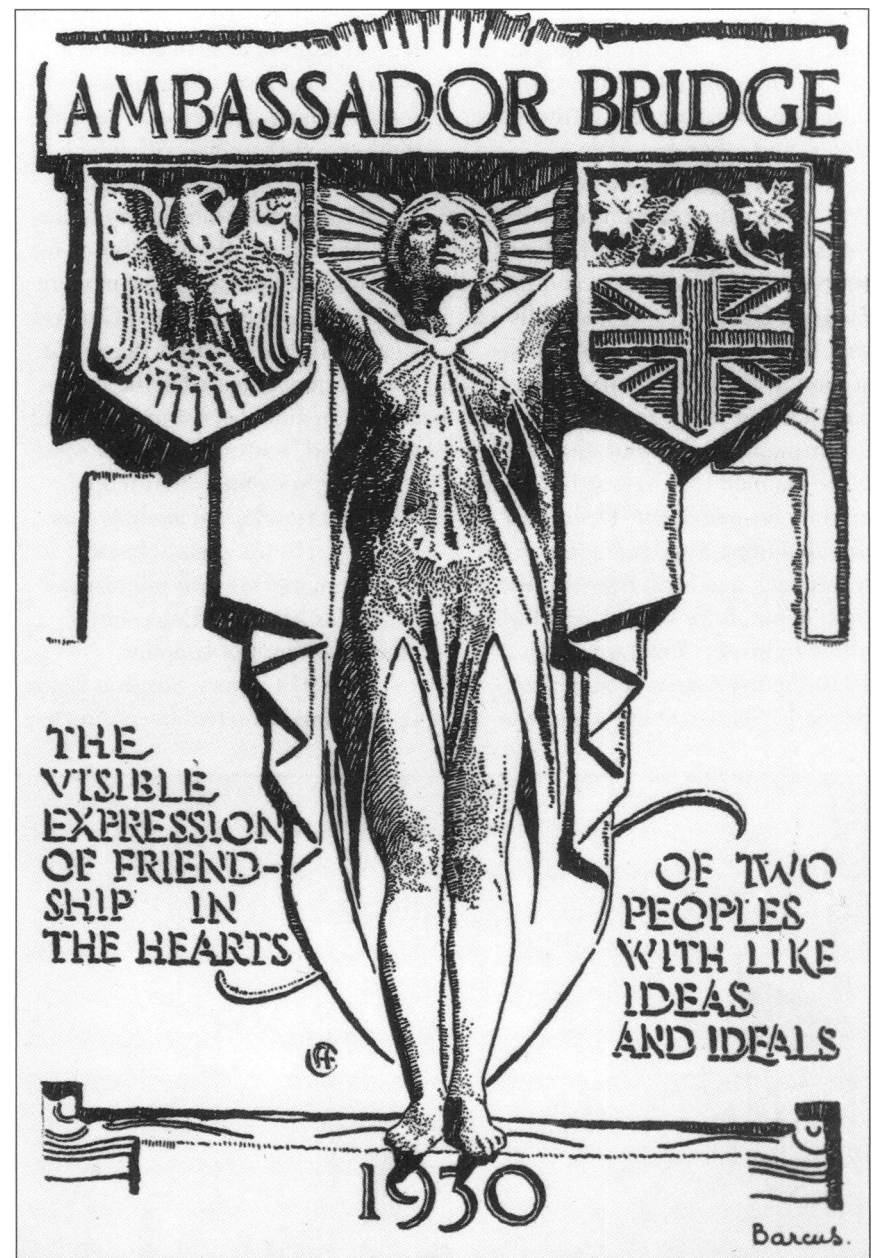
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Chronicles

years later, when the Surgeon General decided to furnish all the essential equipment for a bacteriology laboratory, the Immigration Service made arrangements for Kesl to occupy a small room in their building.¹⁰

Immigration: the public health perspective. Beginning in the 1880s, Michigan's state medical authorities began to evince a concern that immigrants represented a public health threat, decreeing an anti-cholera and communicable diseases act in 1885,¹¹ a detailed inspection law in 1892,¹² and a stringent quarantine act in 1893–1894.¹³ (In 1894, all were declared unconstitutional, largely for semantic reasons, by the Michigan Supreme Court, which ruled that the State Board of Health was contravening the authority of the state legislature and executive.) But Michigan followed the pattern common in most other parts of the country; responsibility for regulating immigrant inspection and quarantines shifted from state to Federal control by the turn of the century.¹⁴ For the first several years of the 20th century, there was some collaboration and overlap between state and Federal authority. For example, Federal public health officials stationed in New York and Philadelphia alerted Michigan public health officials when immigrants who were infected with measles, diphtheria, chicken pox, typhoid, or scarlet fever intended to settle in Michigan. This was also the policy of Canadian authorities, who quarantined ships at Grosse Isle, located at the outlet of the Detroit River.

After PHS took control of inspections and quarantine, interest in immigration as a public health issue diminished among the state's



Built in 1929, the Ambassador Bridge symbolized the transition from rail or ferry passage to automobile transportation of immigrants and tourists.

medical establishment. The membership of the Michigan State Medical Society included such prominent physicians as Victor C. Vaughan, the Dean of the University of Michigan, and John H. Kellogg, founder of the Battle Creek Sanitarium. From 1900 to 1930 only one article in the Society's journal ventured an explicit association between the growth in immigration and undesirable public health outcomes, in this case the increase in

admissions to state asylums and indigent hospitals. The author, Dr. Albert M. Barrett, Professor of Neuropathology and Director of the Psychopathic Ward at the University of Michigan, wrote that "in view of the excessive amount which the foreign population, in proportion to the numbers in Michigan, contributes to the insane and mentally defective class, it is urged that a more effective control and supervision be maintained by state and Federal

authorities.”¹⁵ While many articles published in the Society’s journal and in *Public Health*—the lay periodical of the State Department of Health—endorsed eugenic programs such as sterilization and marriage laws, immigrants were not targeted as the primary source of disease outbreaks. (Immigrants were most actively demonized by the Ku Klux Klan, which was very active in Michigan during the 1920s and almost captured Detroit’s mayoralty in 1924.¹⁶)

Screening for “mental defects.”

Probably because fears of large-scale epidemics had diminished, PHS officers devoted a lot of attention to diagnosing cases of “feeble-mindedness” and other mental disorders as described in PHS’s 1918 *Manual of the Mental Examination of Aliens*.¹⁷ In 1922, Assistant Sur-

geon Kesl of the Port Huron station reported to the Surgeon General that during that year, “especial effort was made by medical officers to detect defects or disease designed by the Immigration Act as inadmissible.”¹⁸ To identify these abnormalities, Kesl relied on psychometric instruments. In 1924 he wrote that “among the tests found to be most valuable in the detection of mental defects were construction puzzles, picture form boards, the cube test, counting forward and backward from one to twenty, store problems involving simple arithmetic, naming the days of the week forward and backward, naming the months and seasons of the year and fixing holidays in the proper month of the year. A blackboard was installed in the medical examiners’ quarters and used in giving simple problems in arithmetic to the alien.”¹⁹ The rela-

tively large numbers of immigrants debarred for “mental defects” are borne out by his annual reports: 10% of the 356 immigrants certified as deportable for health reasons in 1923–1924 were classified as “constitutional psychopathic inferiors.”²⁰ Other certifications were: 1 epileptic, 10 feeble-minded, 1 insane, 9 mentally defective, 7 neurasthenics, 1 psychasthenic, and 1 psychoneurotic. Of 2404 immigrants inspected at Port Huron in 1924–1925, 302 were certified as deportable; 28 of the 302 were classified as “constitutional psychopathic inferiors.” Following the implementation of the quota system mandated by the Johnson-Reed Act of 1924, these numbers began to

Although PHS physicians’ offices were located in the Post Office and Custom House Building in downtown Detroit, during the early 20th century doctors inspected immigrants at various sites throughout the city. Many newcomers arrived at Union Depot on trains from Canada. (c. 1905)



Chronicles

decline, although almost 10 years later Kesl continued to report that during his inspections, "at least some clothing was removed and tests given to determine mental abnormality or asocial psychopathic tendencies."²¹

The automobile era. Between 1910 and 1920, the major automobile companies such as General Motors, Ford, and Chrysler began to attract thousands of immigrants to the Detroit area. During this period Polish and Finnish immigrant communities began to rival and in some areas outnumber Michigan's well-established German and Irish communities.¹⁶ While many laborers traveled from interior industrial cities such as Toledo, Chicago, and Pittsburgh and did not pass through the Saute Ste. Marie, Detroit, or Port Huron stations, the rising numbers of immigrants is documented by PHS figures. In 1916, for example, Acting Assistant Surgeon Kenneth L. Weber reported a total of 7784 immigrants processed at Detroit, noting, "[T]his is an increase of 3429 examined at this port over the preceding fiscal year and exceeds by 1019 the number examined at this port during any previous fiscal year."²²

The popularization of the automobile and the emergence of car tourism increased the flow of immigrants through both Detroit and Port Huron. As railroads and ocean liners gave way to freeways and airports, a new era of immigrant inspection began. The completion of the Ambassador Bridge in 1929 and the Detroit-Windsor tunnel in 1930 symbolized the beginning of this transition in Michigan. During this same period, severe immigration restriction laws enacted by the US Congress significantly reduced the

flow of European and Asian immigration, reversing earlier patterns of migration and settlement.

Regional and geographic differences shaped the historical experience of immigrants and of PHS in the late 19th and early 20th centuries. Further research into PHS activities along the country's "third coast" will help illuminate the history of the Progressive era, of immigration, and of public health in the US.

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